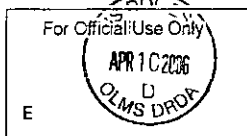


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7943</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2005</u> Through: <u>12 / 31 / 2005</u>
3. Name and address of person filing. Name <u>CANDICE STARK</u> P.O. Box, Bldg., Room No., if any Street <u>1 DUNCAN PLACE</u> City <u>OCEANSIDE</u> State <u>NY</u> ZIP Code + 4 <u>11572</u>	4. Name, file number, and address of labor organization. Name <u>NATIONAL ORGANIZATION OF INDUSTRIAL TRADE UNIONS</u> Labor Organization File Number <u>000-165</u> P.O. Box, Building and Room Number, if any Street <u>148-06 Hillside Avenue</u> City <u>Jamaica</u> State <u>NY</u> ZIP Code + 4 <u>11435</u>
5. Position in labor organization. <u>Recording Secretary</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Candice J. Stark</u>	On <u>3/24/06</u> Date	<u>718-291-3434</u> Telephone Number

Name of Person Filing	CANDICE STARK	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name: CANDICE STARK Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: 1 DUNCAN PLACE City: Oceanside State: NY ZIP Code + 4: 11572	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name: NOITU INSURANCE TRUST FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: 148-06 Hillside Avenue City: JAMAICA State: NY ZIP Code + 4: 11435	11.a. Nature of such dealing. Employed As Assistant Administrative 11.b. Approximate dollar value of such dealing. 187,002 12.a. Nature of interest held or income received. SALARY, Benefits And Related expenses 12.b. Amount. 187,002

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: NOITU INSURANCE TRUST FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: 148-06 Hillside Avenue City: JAMAICA State: NY ZIP Code + 4: 11435	14.a. Nature of payment. Reimbursement of Expenses Incurred As Assistant Administrative 14.b. Amount of payment. 752
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing

CANOICE STARK

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Jefrey STARK

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

1 DUNCAN PLACE

City

OCEANSIDE

State

N.Y.

ZIP Code + 4

11572

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

NOITU INSURANCE TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

148-06 Hillside Avenue

City

SARATOGA

State

N.Y.

ZIP Code + 4

11435

11.a. Nature of such dealing.

Employed as a podiatrist  
of Plan and Provider. Spouse  
of Union Officer

11.b. Approximate dollar value of such dealing.

101,302

12.a. Nature of interest held or income received.

WAGES AND Provider  
Fees for Podiatry  
Services

12.b. Amount.

101,302

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☒or Consultant ☐

?

14.b. Amount of payment.